ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE

RURAL DISTRICT

OF

DRIFFIELD,

FOR THE YEAR 1893.

DRIFFIELD:

J. T. SOKELL, PRINTER AND STATIONER, MIDDLE STREET.

1894.

REPORT.

GENTLEMEN,

I have the honour to submit to you my Annual Report for the year ending December 31st, 1893, including the Statistical returns of the deaths in the district, and the measures adopted for the prevention of disease.

During the past twelve months there were registered according to the returns furnished by the Registrars, 370 Births, and 198 Deaths: of the Births 190 were males, and 180 females. The birth-rate was requal to 28.1 per 1000, out of a population of 13,129, according to the Census of the year 1891.

The excess of births over deaths representing the natural increase of population was 172 against 141 and 136 for the two preceding years.

The Annual death-rate from all causes for the year under notice, was equal to 15 per 1000, which corresponds very closely with that of 1892.

The Quarter ending with September was noticeable for the largest number of deaths, these amounting to 53, of which 21 were children under the age of 2 years.

The relative number of births and deaths that have taken place in the different registration districts, has been as follows:

First of all may be mentioned the Bainton district, with a population of 3710, where the births have been 100 and the deaths 50. In the Langtoft district which contains 3762 people, there have been 103 births and 58 deaths.

In the Foston division with a population of 2642, there were 80 births and 40 deaths, whilst in the Driffield rural district where we have 3105 inhabitants, there is a return of 87 births and 50 deaths.

Birth-rate and Death-rate per 1000 for each Registration District.

, ,	Pop.	Birth-rate.	Death-rate.
Bainton	3710	26.6	13.2
Langtoft	3762	27.3	15.4
Foston	2642	30.2	15.1
Driffield (Rural)	3015	28.8	16.5

It may here be noticed that in the Bainton district, the birthrate is exactly identical with that of the preceding year, whilst there has been a slight increase in the death-rate.

In the Langtoft district the birth-rate has increased from 21.7 to 27.3; and during the same period there has also been a small advance in the death-rate.

As regards the Foston district the birth-rate has advanced from . 26.4 to 30.2; whilst the death-rate has moved from 14.7 to 15.1.

In the Driffield Rural district the birth-rate has also advanced from 25.8 to 28.8, whilst the death-rate has also undergone a slight variation, and now stands at 16.5, as compared with 15.9 for the preceding year.

It is, therefore, evident from those figures, that the past year has passed over without any very noticeable features as regards the mortality, whilst the addition to the number of persons living within the district, is somewhat larger than that which took place in the previous year.

It would be an interesting subject for our investigation, were we able to ascertain how far special forms of disease were connected with local conditions, such as elevation, natural drainage, or upon well defined geological areas. The rural sanitary district of which Driffield may be regarded as being the centre, may be roughly described as consisting of two main divisions, one comprising the wold or upper portion, and the other the Holderness, or the lower part of the same area.

These also correspond very closely with the four registration districts, so that Langtott and Bamton may be described as representing the wolds, and Foston with Driffield rural take in the lower or Holderness section, both with sufficient accuracy as to enable us to make some comparison betwixt the one and the other.

The former, as is well known, is mainly situated upon the Chalk formation, overlaid here and there with mavine gravels, with only a limited deposit of the boulder clay. The surface soil must therefore be less retentive of moisture, and the natural drainage more complete than in the low lying districts.

Many of those villages, however, as for instance Langtoft and the "Dale Towns," have been built in valleys, and this circumstance must tend to counteract such advantages as might otherwise arise from a less stagnant, and a dryer atmosphere. Many other circumstances contribute their share towards neutralizing the benefits often associated with local conditions, for however favourably a village or a community may be situated in other respects, these are apt to be entirely lost, owing to badly constructed cottages, inefficient drainage or water supply, or where houses are built closely together in long unbroken rows, in a similar manner as we usually find in our thickly populated towns.

On the other hand in the low lying district, including the Carrs and a portion of Holderness, the villages are built upon soil naturally more retentive of moisture; for altho' covered superficially with a more recent formation, the base consists mainly of an impervious clay, and the water can only drain away where the junction of the upper with the lower division takes place.

The surface soil is thus apt during a wet season to become water logged, causing an excess of dampness in the atmosphere, thereby exerting a deteriorating or prejudical influence upon physical health.

There are certain states of the animal economy, which, altho' they cannot be considered as amounting to actual disease—still they are not consistent with the full enjoyment of perfect health. These are often indicated by a want of energy—great nervous depression—and an absence of cheerful activity either of mind or body—such as

most persons experience when all the functions of the body are correctly performed.

There can be no doubt about the beneficial effects of constantly breathing a pure and unpolluted atmosphere—and many will be willing to admit that even local scenery and the character of the surrounding landscape, all tend to exercise an effect either of a depressing or of an exhibitanting nature.

It would be an interesting enquiry to ascertain how far the use of alcoholic beverages or sedatives which are now indulged in to such a large extent is partly dependent upon some of the conditions already adverted to—and is therefore likely to become more prevalent in some districts than in others.

In dealing with statistics some curious results are apt to be brought to light, one of which may be here noticed—namely the remarkable uniformity that prevails in certain districts as to the number of deaths taking place in each consecutive year.

In comparing for instance the mortality that occurred in the Foston district we find that only one more person died last year, than took place in 1892—the number being 40 and 39 respectively—and the variation in the other districts has also been extremely small.

The only other special feature to be mentioned is the unusual number of deaths that has taken place in the Langtoft district amongst children under the age of z years, this amounting to the high figure of twenty two, of whom seven appear to have been illegitimate.

Reference has often been made in former reports to this latter circumstance, and altho public sentiment may not as yet be quite ripe enough for such a proposal most will admit that such a waste of human life is much to be deplored, and that measures should be employed to enable or compel mothers to spend a certain period of time with their offspring, so as to give those unwelcome guests the chance of survival, and thus to become as many would; under proper training useful and possibly valuable members of society. With reference to the prevalence of any special forms of disease in the two divisions already alluded to, no decided evidence seems to be forthcoming.

Upon a careful analysis of the monthly returns sent in from the Registrars, there is apparently no important variation.

If for instance, we take pulmonary complaints, which appear to be amongst the most frequent causes of death, it is interesting to notice that whilst 15 deaths are assigned to chest deseases in the Langtoft and Bainton districts, there have been 14 deaths from the same cause in the Foston and Driffield Rural districts. If again we direct our attention to another form, namely, heart disease, we also find the relative numbers to be 14, as occurring in the former or upper division, and 11 in the lower, making therefore some allowance for the difference in the population, the analogy is very striking.

Of the deaths for the past year, it may here be remarked 93 were males, and 105 females.

Monthly Table of Deaths from all causes.

January February March April May June July	Males 3 5 11 8 5 6 10	Females 11 8 9 13 10 4 3 11	Totals 14 13 20 21 15 10 13 16
	.5 1.5	3 11 9 6 11 10	
	93	105	198

Zymotic Diseases.

Adopting the course I have pursued on former occasions, it may here be convenient to refer to the mortality that has taken place from the various forms of Zymotic disease.

We may first notice that 2 deaths have resulted from Typhoid Fever, one of which was suspected to have arisen from some impurities in the water supply, and the other case was that of a domestic servant, who was sent home from another district whilst suffering from the complaint,

The most fatal form of this class of diseases, arose from an outbreak of Scarlatina at Wetwang, resulting in 5 deaths.

Further reference may be made to this circumstance at a later stage of my report.

No death has been recorded from Whooping Cough, thus constituting a remarkable exception when compared with former years.

Owing in all probability to the hot and dry summer, as might be anticipated, Diarrhœa has been more prevalent, and 11 persons, 7 being children, have succumbed to this complaint.

Two children have died from Measles, and there was one fatal case of Puerperal Fever, apparently connected with unsanitary surroundings.

Towards the close of the year several cases of Influenza came under observation, and threatened at one period to be productive of serious results. Fortunately, however, the cases on the whole proved to be of a milder character than those we had to deal with in 1891, and the returns for the year only record a single death.

One of the striking features connected with the disease is the tendency during its progress to light up some latent mischief elsewhere, as for instance some pulmonary complication or some other structural weakness that might not otherwise have manifested itself for an indefinite period, or indeed have remained entirely quiescent.

In the months of August and September an alarm of Cholera took possession of the public mind, and the fatal cases which occurred

in Hull and Grimsby as well as elsewhere were sufficiently near to create serious apprehension.

Owing to the vigilance and activity which prevailed in those towns amongst Sanitary officials, no extension of the disease fortunately took place, and the surrounding districts enjoyed a complete immunity from this terrible malady.

Isolated outbreaks were reported from other localities, but were happily of short duration, altho' destructive enough during their brief continuance.

One advantage afforded by those local visitations, is in the greater facilities they offer for tracking the outbreak to its primary source, the conditions being as a rule far less complicated, than where it is necessary to sift and investigate a multiplicity of circumstances by which the right trail, or line of enquiry may become entirely lost.

Causes of Death.

Pursuing our investigations still further into the general causes of death, it may be useful to classify the various diseases under the following heads:—

1st. CONSTITUTIONAL DISEASES.

Pathisis has caused 10 deaths, as against 13 for 1892, and Cancer has contributed 7 deaths as against 5 recorded for the previous year.

2nd. DEVELOPMENTAL DISEASES.

Under this head may be placed 51 deaths from old age, corresponding precisely with the number recorded for 1892. Four of those persons have lived to the age of 90 and upwards, and 20 had attained their 80th year. It is thus apparent that there has been an unusual mortality amongst those who had reached the extreme verge of human life, so that it may be said longevity is a somewhat striking feature within the rural district.

3rd. DISEASES OF THE NERVOUS SYSTEM.

Twenty eight deaths have been registered as belonging to this type and include 11 from convulsions, 4 from apoplexy, and 13 from other forms of brain disease.

4th. DISEASES OF THE RESPIRATORY SYSTEM.

These diseases, other than consumption, have caused 18 deaths as against 35 in 1892, and include Bronchitis, Pncumonia, and other complaints, of a similar character.

5th. DISEASES OF THE CIRCULATORY SYSTEM.

Twenty nine deaths are ascribed to heart disease in its various forms, including those due to valvular complications as compared with 12 for the preceding year.

6th. VIOLENCE.

Seven deaths were due to injuries arising from accidents or negligence as compared with eight for 1892.

These include casualities of all kinds or such as have become the subjects of coroner's inquests.

7th. ILL-DEFINED AND UNCERTAIN CAUSES.

Under this definition may be arranged 19 deaths from diseases of a variable type including 12 from premature birth, others from syncope diabetes—natural decay—or where it might be difficult to specify the precise character of the disease, making as already stated, a general total of 93 males and 105 females.

One uncertified death has taken place during the past year.

Sanitations.

Under this head may be briefly summarised the various transactions recorded in my monthly Journal, wherein a statement has been preserved of the proceedings in which I have taken part, and the measures adopted under the direction and approval of the authority for the protection of public health.

Before entering into further details some preliminary remarks may not be out of place, upon one or two matters having an important bearing on the health of the district.

First of all may be mentioned the water supply, and owing to the great deficiency in the usual rainfall this summer, amounting in the district to about six inches for the year, the springs and wells have naturally given way, and have consequently created very serious inconvenience to the inhabitants. The villages of North Dalton, Middleton, Wetwang, Langtoft, and West Lutton, have all been subjected to this privation, and the wells in most of these instances have been deepened with a view of preventing any similar contingency in the future. The sanitary authority have taken active measures to assist the people so far as was practicable in obtaining the needful supply of this essential requirement of their domestic life and indeed, I might add, the Board has bestowed upon this matter a great amount of time and attention. A special enquiry was held at Wetwang with a view of ascertaining whether any steps could be taken to bring the present supply more conveniently within the reach of the inhabitants, when a variety of methods were discussed and considered so as to overcome the difficulty.

The result was embodied in a report which now awaits the decision of the Local Government Board.

A similar enquiry was made by myself into the water supply of Garton and Kilham, to which reference had been made in Dr. Wheaton's report, and the conclusions arrived at have also been forwarded to the Board in London.

It is therefore evident this important matter, which so deeply concerns the health and general well-being of the people, has met with its due share of attention, and has constituted no inconsiderable portion of our duties for the past year. Much, however, requires still to be done before we can consider the needs of the public to have been fully met, and in several instances it would be a great boon if this invaluable gift could be brought within more convenient reach, so that it might be procured by the humblest individual at all times without stint, or even without the exercise of moderate economy.

Next to our water supply, the subject of drainage stands first in importance, and I may here observe that after much delay, and many difficulties, arising from defective construction, and the consequent necessity of relaying the pipes, the drainage at Kilham has at last been completed in a satisfactory manner.

This is the only work of any importance that has been carried out during the past year.

In compliance with Dr. Wheaton's report, the Guardians have given instructions to their Inspector to make a systematic visitation throughout the district, and to prepare a Register in which will be recorded a description of every house, as regards its privy and ashpit arrangements, water supply, number of inmates, and indeeds when completed will form the basis of a permanent history of the district, as regards its Sanitary condition.

This will be a somewhat formidable duty, and will require time for its completion, but will no doubt in the end lead to valuable results

Towards the close of the year, a resolution was passed for the adoption of the Compulsory Notification Act. As this only came into operation on the 1st of January, it is too early as yet to form any opinion as to the practical results.

It is not easy to understand how the provisions of the Act can be successfully carried out without the aid of an Isolation Hospital, Sooner or later such a building must follow as a natural sequence, inasmuch as the separation of the sick from the healthy, affords the chief reliable means of protection against the spread of contagious disease.

Monthly Inspections.

JANUARY.

On the 18th I visited Cranswick to make enquiries into an outbreak of Measles. After a personal inspection of several families I gave a certificate advising the closing of the Schools until the 30th.

On the 23rd I visited Wetwang, and in conjunction with the Medical Officer, saw four families where the children were passing through an attack of Scarlatina. I also cautioned the Master not to admit any pupils into the school from any of the families thus affected.

The upper pond was in a foul and filthy condition, and after being reported to the Authority, was subsequently cleansed of its offensive contents.

Received a notice from the Medical Officer of a suspected case of small pox in the union workhouse; this proved to be correct, and the patient was at once removed into the Fever Hospital. The ward was subsequently fumigated and disinfected.

Various other matters of lesser importance were attended to this month.

FEBRUARY.

At the request of the Sanitary Authority I investigated a complaint made by the tenant as to the unhealthy condition of a cottage at Foston owing to the absence of any water supply, and proper drainage. On the arrival of the Inspector and myself, we found the cottage unoccupied, and the complaint proved to be of a groundless character.

We also visited Kilham to inquire into a similar complaint as to the unhealthy state of certain cottages thro' the want of water and proper drainage. It was also stated 2 cases of small pox had recently occurred both of a mild character.

Certain recommendations were given for their improvement and since then I have heard no further complaint.

An open drain or sewer running down the back street at Hutton had fallen into a neglected state.

Since then pipes have been put down, and the nuisance abated.

MARCH.

At the request of the Inspector I visited on the 7th inst. some premises at Hutton, which were found to be in an unhealthy state.

Some improvements were effected by the owner, altho' our recommendations were not carried out to their full extent, and the matter still remains partly in abeyance, waiting for the performance of certain promises.

This is an instance of the reluctance so often met with to evade or to postpone the adoption of measures which have a distinct bearing upon family health.

The case of small pox, already alluded to, gradually assumed a confluent character, the whole body being thickly covered with pustules, and the patient, a youth aged 13 died on the 26th inst, and the burial under proper precautions, took place the next day.

No marks of vaccination were discernible, so that in all probability this was an unprotected case.

Even the most sturdy anti-vaccinationist, could be have seen the condition of this patient, would have hailed with approval the employment of any agent, such as experience teaches us, might have been used as would have certainly mitigated the virulence, if not entirely warded off an attack of this loathsome disease.

On the 22nd I attended a meeting of the parochial committee at Langtoft, when Mr Villiers was present, to decide upon the proper course to be pursued with reference to an alleged pollution of the village well. His report was read before the authority at a subsequent meeting.

I also visited Weaverthorpe, Helperthorpe, East and Wes Luttons, Stedmere, and Garton.

On the 27th I made an enquiry into a fatal case of Scarlatina at Wetwang, and also called attention to the scarcity of water then being felt in this village.

APRIL.

My attention having been directed to the unsanitary condition of some cottages at Garton, I made a personal examination on the 5th. Several cases of illness had recently taken place in this locality, two being due to Typhoid Fever, and a low state of health seemed to pervail throughout the whole line. A special report was submitted to the authority, and this at a later period, led to certain improvements.

Visited on the 21st, Wansford, Frodingham, Beeford and Foston and on the 22nd, Bainton, North Dalton and Middleton, calling attention in my report to such matters, as might be deemed defective,

The villages of Fimber and Wetwang were also visited during this month.

MAY.

Another fatal case of Scarlet Fever occuring at Wetwang, rendered it necessary to pay a further visit on the 2nd instant.

This proved to be that of a child aged 7 years, after an illness lasting only four days. I also ascertained since last December, there had been 10 cases amongst the children living in a particular part of this village, two having proved fatal.

This outbreak was specially reported to The Local Government Board, and some special remarks were made in my monthly report, as to the Water supply, drainage, and the overcrowding of the graveyard. The latter has since been effectually remedied, by a most substantial addition to the old burial ground.

A third fatal case of Scarlatina occurred in this village on the 8th, inst. and active steps were taken in the way of disintection—including the burning of the bed, and a thorough fumigation with Sulphur, under the direction of the Inspector.

A variety of suggestions were made with a view of bringing our Country Villages more into harmony with the requirements of their inhabitants.

Several improvements were reported to have been made in the cottages at Garton, and the additional places visited included Watton, Cranswick, Southburn, and Middleton.

The filtration area at Nafferton also came under observation.

JUNE.

Wetwang was again visited in consequence of another fatal case of Scarlatina, upon the details of which it will be needless to enter.

Most of the children in this village had then passed thro' the same complaint, either in a mild or severe form. Reference was made to the value of early isolation in all such cases, as being the most effectual means within our reach for preventing the spread of contagious disease.

Visited the villages of Bainton, North Dalton, and Middleton.

JULY.

The following villages were visited this month:—Nafferton, Ruston Parva, Kilham, Harpham, Kelk, Foston, and Wansford.

At Kelk my attention was called to an offensive drain or gutter as this was beleived to have given rise to a case of Typhoid Fever. The ditch was subsequently cleansed, but owing to some difficulty arising thro' the absence of a suitable outfall, this will most likely become a recurring nuisance.

I also examined some premises connected with a small Farm, which were found to be in an unsanitary state. Some improvements were effected at a later period.

On the 27th, Wetwang was again visited owing to another fatal case of Scarlatina, this making the fifth death amongst the children.

Under the direction of the Inspector and by means of fumigation and disinfection &c., we adopted the best available means at our disposal for preventing the spread of contagion, and our efforts were attended with a certain degree of success.

AUGUST.

On the 7th, I visited Langtoft, Foxholes, "The Daletowns." also Sledmere and Garton, and at a later period Cranswick and Middleton. A great improvement had been effected at Foxholes by clearing out the village pond, for owing to its proximity to the main entrance, this foul receptacle had become a public nuisance.

A Cottage at Middleton was found to be in a dangerous condition, and has since been pulled down.

In compliance with a recent regulation, and owing to an outbreak of Anthrax at Elmswell, I visited this locality on the 21st, and gave instructions for certain precautions to be taken by those persons who might have to handle the carcases of the diseased animals, so as to avoid the risk of any infection.

Inspected a site at Little Driffield for an extension of the graveyard; and made enquiry into the probable cause of a fatal case of Typhoid at Kilham, were the water was found to be in an impure state.

Two "Boiling Establishments" at Beeford were also visited, and fully reported upon to the Sanitary Authority. One has since been discontinued.

SEPTEMBER.

A fatal case of Diarrhœa occurring at Wetwang was the principal subject of investigation this month. The subject was a man aged 71, whose health had been previously impaired in consequence of another complaint.

Reference was again made both to the Drainage and Water-supply of this village.

OCTOBER.

Early this month I visited Bainton, North Dalton, and Middleton calling at their respective schools.

The well at North Dalton had been cleaned out and deepened and has since I am informed furnished a good supply of water.

On the 4th,—Fimber and Wetwang were visited and attention called to the fact, that in the last named village much labour had to be expended in obtaining the needful supply of water.

Gave a special report on the limited space afforded by five cottages at Cranswick and suggested when each tenement became vacant it should not be re-let, in its present defective condition.

NOVEMBER.

Investigated the history of a fatal case of Typhoid at Tibthorpe, and learnt that the subject, who was a domestic servant, had come home ill from another district.

This case was fully reported to the Medical Officer of Health in whose district this case had first occurred.

Several meetings took place this month to discuss Dr. Wheaton's report calling attention to various matters affecting public health:—and amongst others, to the water supply of Wetwang, to which reference has already been made. This report is of such a comprehensive character as to require much time for its consideration.

DECEMBER.

At the request of the Authority, I visited the villages of Garton and Kilham, so as to enable me to prepare a statement on the water supply of these places, to which, allusion had also been made in Dr. Wheaton's report.

A fatal case of Measles occurring at Kilham, was also investigated.

I have the honour to remain, Gentlemen,

Your Obedient Scrvant,

RICHARD WOOD,

DRIFFIELD,

Medical Officer of Health.

FEBRUARY 12th, 1894.

